



Received & Inspected

.IIII - 7 2015

FCC Mail Room

REDACTED- FOR PUBLIC INSPECTION

July 1, 2015

VIA OVERNIGHT DELIVERY

Marlene H. Dortch, Secretary  
Federal Communications Commission  
Office of the Secretary  
445 12<sup>th</sup> Street, S.W.  
Washington, DC 20554

RE: Confidential Financial Information Subject to Protective Order in WC Docket Nos. 14-58, 10-90, 07-135, 05-337, 03-109, CC Docket Nos. 01-92, 96-45, GN Docket No. 09-51, WT Docket No. 10-208, Before the Federal Communications Commission

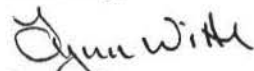
Dear Ms. Dortch:

Cambridge Telephone Company, a privately-held rate of return carrier receiving high cost support, has electronically submitted FCC Form 481 to the Commission with redacted financial data, in compliance with 47 C.F.R. §§ 54.313 and 54.422

As specified in the Protective Order issued on November 16, 2012 by the Commission, two copies of the redacted confidential information are being filed simultaneously with the non-redacted confidential information. The redacted information for this filing and each page of the file where confidential information has been omitted is marked "REDACTED - FOR PUBLIC INSPECTION"

Please feel free to contact me with any questions regarding this particular matter.

Sincerely,

  
Lynn Witte

Enclosures

cc Mr. Charles Tyler, FCC Telecommunications Access Policy Division  
Nebraska Public Service Commission

No. of Copies rec'd \_\_\_\_\_  
List ABCDE \_\_\_\_\_

# FCC Form 481 - Carrier Annual Reporting Collection Form

<010> Study Area Code	371526	
<015> Study Area Name	CAMBRIDGE TEL CO -NE	Received & Inspected
<020> Program Year	2016	
<030> Contact Name: Person USAC should contact with questions about this data	Lynn Witte	JUL - 7 2015
<035> Contact Telephone Number: Number of the person identified in data line <030>	3086973333 ext.	FCC Mail Room
<039> Contact Email Address: Email of the person identified in data line <030>	lynn.witte@pnpt.com	

## ORIGINAL REPORTING FOR ALL CARRIERS

		(check box when complete)
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attach descriptive document)	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attach descriptive document)	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		
<410> Fixed	0.0	<input checked="" type="checkbox"/>
<420> Mobile	0.0	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>
<440> Fixed	0.0	<input checked="" type="checkbox"/>
<450> Mobile	0.0	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>
<510> 371526NES10.pdf	(attached descriptive document)	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>
<610> 371526NE610.pdf	(attached descriptive document)	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability Certification	Yes	<input checked="" type="checkbox"/>
<1010> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	(attach descriptive document)	<input checked="" type="checkbox"/>
<1100> Certify whether terrestrial backhaul options exist (Yes or No)	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No (if not, check to indicate certification)	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>

### Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input checked="" type="checkbox"/>
<b>Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet</b>		
<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>

**(100) Service Quality Improvement Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	371526
<015>	Study Area Name	CAMBRIDGE TEL CO -NE
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Lynn Witte
<035>	Contact Telephone Number - Number of person identified in data line <030>	3086973333 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	lynn.witte@pnpt.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

- <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

371526NE112.pdf

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How much (USF) was used to improve service quality and how support was used to improve service quality
- <116> How much (USF) was used to improve service coverage and how support was used to improve service coverage
- <117> How much (USF) was used to improve service capacity and how support was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

Yes
Yes
Yes
Yes
Yes
Not Applicable



(200) Service Outage Reporting (Voice)  
Data Collection Form

FCC Form 481

OMB Control No. 3060-0985/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	371526
-------	-----------------	--------

<015>	Study Area Name	CAMBRIDGE TEL CO -NE
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<020>	Program Year	2016
-------	--------------	------

<030>	Contact Name - Person USAC should contact regarding this data	Lynn Witte
-------	---	------------

<035>	Contact Telephone Number - Number of person identified in data line <030>	3086973333 ext.
-------	---	-----------------

<039>	Contact Email Address - Email Address of person identified in data line <030>	lynn.witte@pnpt.com
-------	---	---------------------

<220>	<a>	<b1>	<b2>	<b3>	<b4>	<c1>	<c2>	<d>	<e>	<f>	<g>	<h>
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[illegible]

Price Offerings Including Volume Data  
Data Collection Form

FOIA b (7) - (D)

WINE & SPIRITS

3020005 FORM Control No.

<010>	Study Area Code	371526
<015>	Study Area Name	CAMBRIDGE TEL CO -NE
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Lynn Witte
<035>	Contact Telephone Number - Number of person identified in data line <030>	3086973333 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	lynn.witte@prpt.com

<701> Residential Local Service Charge Effective Date  
<702> Single State-wide Residential Local Service Charge

1/1/2015
17.5

<703>

[illegible]

#107 Brocheland Price Offering  
Data Collection Form

<010>	Study Area Code	371526
<015>	Study Area Name	CAMBRIDGE TEL CO -NE
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Lynn Witte
<035>	Contact Telephone Number - Number of person identified in data line <030>	3086973333 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	lynn.witte@pnpt.com

&lt;711&gt;

[illegible]

500) Operating Compil...  
Data Collection...

Document Control No. 2003-05.0

<010>	Study Area Code	371526
<015>	Study Area Name	CAMBRIDGE TEL CO -NE
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Lynn Witte
<035>	Contact Telephone Number - Number of person identified in data line <030>	3086973333 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	lynn.witte@pnpt.com
<810>	Reporting Carrier	Cambridge Telephone Company
<811>	Holding Company	Pinpoint Holdings, Inc.
<812>	Operating Company	Cambridge Telephone Company

<813>

[illegible]





1001 Tribal Lands Reporting Data Collection Form		OMB Control No. 5060-0067 OMB Control No. 50-0810
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<010> Study Area Code	371526
<015> Study Area Name	CAMBRIDGE TEL CO -NE
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Lynn Witte
<035> Contact Telephone Number - Number of person identified in data line <030>	3086973333 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	lynn.witte@pnpt.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable

(510) Terrestrial Backhaul Information Data Collection Form FCC Form 471 Date of Collection: 01/19/2016 DMB Form No. 3060-0019	
--	--

<010>	Study Area Code	371526
<015>	Study Area Name	CAMBRIDGE TEL CO -NE
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Lynn Witte
<035>	Contact Telephone Number - Number of person identified in data line <030>	3086973333 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	lynn.witte@pnpt.com

<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).

No

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

Yes

1200 Terms and Conditions for Lifeline Customers	Form 1200	Control No. 1200-1200
1201 Data Collection Form	Form 1201	Control No. 1201-1201

<010>	Study Area Code	371526
<015>	Study Area Name	CAMBRIDGE TEL CO -NE
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Lynn Witte
<035>	Contact Telephone Number - Number of person identified in data line <030>	3086973333 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	lynn.witte@papt.com

371526NE1210.pdf

&lt;1210&gt; Terms &amp; Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

&lt;1220&gt; Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- |        |   |                                     |
|--------|---|-------------------------------------|
| <1221> | Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | <input checked="" type="checkbox"/> |
| <1222> | Details on the number of minutes provided as part of the plan,  | <input checked="" type="checkbox"/> |
| <1223> | Additional charges for toll calls, and rates for each such plan.  | <input checked="" type="checkbox"/> |

Federal Price Cap Carrier Receiving Frozen Support Certification Data Collection Form Issued by the Federal Communications Commission	FCC Form 481 2016 Costing and Support Data Control No. 20600529 7/15/16
---	---

<010>	Study Area Code	371526
<015>	Study Area Name	CAMBRIDGE TEL CO -NE
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Lynn Witte
<035>	Contact Telephone Number - Number of person identified in data line <030>	3086973333 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	lynn.witte@npnt.com

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

**Incremental Connect America Phase I reporting**

- <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)i}  
 <2011a> 3rd Year Certification {47 CFR § 54.313(b)(1)ii}  
 <2011b> Attachment {47 CFR § 54.313(b)(1)ii}


Name of Attached Document(s) Listing Required Information

**Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}**

- <2012> 2013 Frozen Support Calculation {47 CFR § 54.313(c)(1)}  
 <2013> 2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)}  
 <2014> 2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)}  
 <2015> 2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)}


**Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}**

- <2016> Certification Support Used to Build Broadband

--

**Connect America Phase II Reporting {47 CFR § 54.313(e)}**

- <2017> 3rd year Broadband Service Certification  
 <2018> 5th year Broadband Service Certification  
 <2019> Interim Progress Certification  
 <2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.


- <2021> Interim Progress Community Anchor Institutions


Name of Attached Document(s) Listing Required Information





<010>	Study Area Code	371526
<015>	Study Area Name	CAMBRIDGE TEL CO -NE
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Lynn Witte
<035>	Contact Telephone Number - Number of person identified in data line <030>	3086973333 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	lynn.witte@pnpt.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010) Progress Report on 5 Year Plan  
Milestone Certification (47 CFR § 54.313(f)(1)(i))

371526NE3010.pdf

Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))

(Yes/No)



(3014) If yes, does your company file the RUS annual report

(Yes/No)



Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)



(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows



(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

371526NE3017.pdf

Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, Is your company audited?

(Yes/No)



If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications ☐

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

(3021) Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit ☐

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, ☐

(3023) Underlying Information subjected to a review by an independent certified public accountant ☐

(3024) Underlying information subjected to an officer certification. ☐

(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

Form 481	Control No. 481	Control No. 481
July 2015	July 2015	July 2015

<010>	Study Area Code	371526
<015>	Study Area Name	CAMBRIDGE TEL CO -NE
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Lynn Witte
<035>	Contact Telephone Number - Number of person identified in data line <030>	3086973333 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	lynn.witte@pnpt.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

<b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: CAMBRIDGE TEL CO -NE	
Signature of Authorized Officer: CERTIFIED ONLINE	Date: 06/26/2015
Printed name of Authorized Officer: J RICHARD SHOEMAKER	
Title or position of Authorized Officer: CHAIRMAN	
Telephone number of Authorized Officer: 3086973375 ext.	
Study Area Code of Reporting Carrier: 371526	Filing Due Date for this form: 07/01/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

OMB Form 101-106 OMB Control No. 3045-0046 Rev. 1/73	OMB Form 101-106 OMB Control No. 3045-0046 Rev. 1/73
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<010> Study Area Code	371526
<015> Study Area Name	CAMBRIDGE TEL CO -NE
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Lynn Witte
<035> Contact Telephone Number - Number of person identified in data line <030>	3086973333 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	lynn.witte@pnpt.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

## Attachments



LINE 100 INITIAL FIVE-YEAR SERVICE QUALITY IMPROVEMENT PLAN

REDACTED FOR PUBLIC INSPECTION

Response Line 510  
Cambridge Telephone Company  
Study Area 371526

Pursuant to 47 C.F.R. § 54.313(a)(5) and or 47 C.F.R. § 54.422(b)(3) Cambridge Telephone Company ("CTC") is in compliance with appropriate FCC Service Quality Standards and Consumer Protection Rules. CTC provides CPNI training to all of its new employees and in addition trains all of its existing employees on an annual basis. CTC also conducts subscriber outreach regarding CPNI by periodically placing CPNI explanation messages into subscriber's bills and also has signage in its business office regarding CPNI rules and regulations. In addition CTC trains its pertinent staff on Red Flag issues on an annual basis. All company employees that are required to receive training sign and acknowledge that they have completed CPNI and Red Flag training and understand obligations to adherence of applicable rules.

Response Line 610  
Cambridge Telephone Company  
Study Area 371526

Functionality in Emergency Situations:

Pursuant to 47 C.F.R. § 54.313(a)(6) and 47 C.F.R § 54.22(b)(4) as set forth in 47 C.F.R. § 54.202(a)(2) Cambridge Telephone Company ("CTC") meets the requirements to remain functional in emergency situations and has the following capabilities; Back-up power is provided to CTC's central and or remote offices by use of a fixed generator that provides it with an unlimited amount of hours emergency power, and batteries that provide 8 hours of emergency power. In addition, CTC's field electronics have 8 hours of back-up power by use of fixed batteries. CTC also has DWDM technology deployed in its core fiber optic network that is self-healing and will automatically reroute traffic should a fiber cut occur. CTC also has diverse routing to adjacent telecommunication providers and telephone exchanges that provide CTC the ability to reroute traffic in emergency situations and has a policy of responding to any network outages in less than 30 minutes. Lastly, CTC is capable of managing traffic spikes resulting from emergency situations.

<703>

[illegible]



<010>	Study Area Code	371526
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<030>	Contact Name - Person USAC should contact regarding this data	Lynn Witte
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<039>	Contact Email Address - Email Address of person identified in data line <030>	lynn.witte@pnpt.com

<711>

State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rates and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select)
NE	Cambridge	39.95	0.0	39.95	2.0	1.0	0.0	Other, Unlimited
NE	Cambridge	49.95	0.0	49.95	4.0	2.0	0.0	Other, Unlimited
NE	Cambridge	59.95	0.0	59.95	6.0	3.0	0.0	Other, Unlimited
NE	Cambridge	69.95	0.0	69.95	10.0	5.0	0.0	Other, Unlimited
NE	Cambridge	129.95	0.0	129.95	50.0	5.0	0.0	Other, Unlimited
NE	Cambridge	59.95	0.0	59.95	6.0	1.0	0.0	Other, Unlimited - Data Only
NE	Cambridge	64.95	0.0	64.95	15.0	3.0	0.0	Other, Unlimited - Data Only
NE	Cambridge	79.95	0.0	79.95	50.0	5.0	0.0	Other, Unlimited - Data Only
NE	Bartley	39.95	0.0	39.95	2.0	1.0	0.0	Other, Unlimited
NE	Bartley	49.95	0.0	49.95	4.0	2.0	0.0	Other, Unlimited
NE	Bartley	59.95	0.0	59.95	6.0	3.0	0.0	Other, Unlimited
NE	Bartley	69.95	0.0	69.95	10.0	5.0	0.0	Other, Unlimited
NE	Bartley	129.95	0.0	129.95	50.0	5.0	0.0	Other, Unlimited
NE	Bartley	59.95	0.0	59.95	6.0	3.0	0.0	Other, Unlimited - Data Only
NE	Bartley	64.95	0.0	64.95	15.0	3.0	0.0	Other, Unlimited - Data Only
NE	Bartley	79.95	0.0	79.95	50.0	5.0	0.0	Other, Unlimited - Data Only

## Data Collection Form

CMS Control No. CMS-000896 Control No. 74-0319

<010>	Study Area Code	371526
<015>	Study Area Name	CAMBRIDGE TEL CO -NE
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Lynn Witte
<035>	Contact Telephone Number - Number of person identified in data line <030>	3086973333 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	lynn.witte@pnpt.com
<810>	Reporting Carrier	Cambridge Telephone Company
<811>	Holding Company	Pinpoint Holdings, Inc.
<812>	Operating Company	Cambridge Telephone Company

[illegible]

**Cambridge Telephone Company**

**Nebraska Telephone Assistance Program Terms and Conditions**

**Nebraska Telephone Assistance Program**

The Nebraska Telephone Assistance Program (NTAP) is available for qualifying customers of Cambridge Telephone Company. NTAP assistance reduces the cost of basic, monthly local telephone service. Eligible consumers can receive up to \$12.75 per month in discounts. In addition, the Federal Universal Service Charge is not assessed to consumers participating in NTAP. Toll Blocking prevents the placement of all long distance calls for which a subscriber would be charged. Toll blocking is available to eligible consumers at no cost. Also, by choosing this option, consumers are usually not charged a deposit.

NTAP is administered by the Nebraska Public Service Commission.

**NTAP Eligibility Information**

**Program Based Eligibility**

To qualify for NTAP, subscribers must either have an income that is at or below 135% of the Federal Poverty Guidelines, or the subscriber, one or more of the subscriber's dependents, or the subscriber's household must receive benefits from one of the following assistance programs:

- Low-Income Home Energy Assistance Program (LIHEAP)
- Federal Public Housing Assistance (Section 8)
- Medicaid
- Children's Health Insurance Program/Kids Connection (SAM, MAC or EMAC)
- Supplemental Nutrition Assistance Program (SNAP); (formerly the Food Stamps Program)
- Supplemental Security Income (SSI)
- Temporary Assistance for Needy Families (TANF)
- National School Lunch Program Free Lunch program
- State assistance programs (if applicable)

To receive an NTAP application, contact your local *Health and Human Services* agency caseworker or the *Nebraska Public Service Commission*, 1200 N Street, Suite 300, PO Box 94927, Lincoln, NE 68508-4927, Phone: 402-471-3101, Toll Free: 1-800-526-0017 or [http://www.psc.nebraska.gov/ntips/ntips\\_ntap.html](http://www.psc.nebraska.gov/ntips/ntips_ntap.html)

NTAP applicants must present documentation demonstrating eligibility either through participation in one of the qualifying federal assistance programs or through income-based means.

Acceptable documentation of program-based eligibility includes: current or prior year's statement of benefits from a qualifying state, federal or Tribal program; notice letter of participation in a qualifying state, federal or Tribal program; program participation documents; or another official document evidencing the consumer's participation in a qualifying state, federal or Tribal program.



**Income Based Eligibility**

In addition, consumers are eligible for NTAP if their household income is at or below 135% of the federal poverty guidelines.

2015 Federal Poverty Guidelines – 135%

Household Size	48 Contiguous States and D.C.	Alaska	Hawaii
1	\$15,889	\$19,872	\$18,292
2	\$21,505	\$26,892	\$24,745
3	\$27,121	\$33,912	\$31,198
4	\$32,737	\$40,932	\$37,651
5	\$38,353	\$47,952	\$44,104
6	\$43,969	\$54,972	\$50,557
7	\$49,585	\$61,992	\$57,010
8	\$55,201	\$69,012	\$63,463
For each additional person, add	\$5,616	\$7,020	\$6,453

Acceptable documentation of income eligibility includes: prior year's state, federal or Tribal tax return; current income statement from an employer or paycheck stub; social security statement of benefits; Veterans Administration statement of benefits; retirement/pension statement of benefits; unemployment/workmen's compensation statement of benefits; federal or Tribal notice of letter participating in General Assistance; or a divorce decree or child support award or other official document containing income information.

**Tribal Eligibility**

A subscriber who lives on Tribal lands and is an eligible resident of Tribal lands is eligible for Tribal Lifeline service or Tribal Link Up if the subscriber, one or more of the subscriber's dependents, or the subscriber's household participates in any of the above-listed qualifying assistance programs or one of the following Tribal-specific federal assistance programs: Bureau of Indian Affairs General Assistance; Tribally Administered Temporary Assistance for Needy Families; Head Start (if income eligibility criteria are met); or the Food Distribution Program on Indian Reservations (FDPIR). Tribal subscribers may also qualify if the household income is at or below 135% of the Federal Poverty Guidelines.

Tribal subscribers should contact Cambridge Telephone Company for additional information on Tribal Lifeline and Tribal Link Up.

**Numbers of Minutes-of-Use Provided as Part of NTAP Program Service**

Cambridge Telephone Company's Voice NTAP service includes unlimited local minutes-of-use within the toll-free calling area. Cambridge Telephone Company's Voice NTAP Plan does not include any free minutes-of-use for toll. Toll is billed at the standard toll rate depending on which interexchange carrier the consumer subscribes to for toll service. As part of the NTAP service, Toll blocking is available to eligible consumers at no cost.



**Rates**

Subscribers may receive the NTAP credit on any type or grade of local service, including bundled services that are normally offered by Cambridge Telephone Company. Advertised rates do not include any applicable taxes or surcharges.

**Recertification of NTAP Eligibility**

NTAP recipients are required to recertify their eligibility annually. Failure to properly recertify a recipient's continued eligibility for NTAP will result in termination of the NTAP recipient's monthly NTAP discount and de-enrollment from NTAP.

**Additional NTAP Program Information**

NTAP is limited to one benefit per household, consisting of either wireline or wireless service. A household is defined as an individual or group of individuals who live together at the same address and share income and expenses. NTAP is a government benefit program, and consumers who willfully make false statements in order to obtain the benefit can be punished by fine or imprisonment or can be barred from the program.